Subchapter 10

Block Grant Funds

- 37.57.1001 MATERNAL AND CHILD HEALTH BLOCK GRANT: STANDARDS FOR RECEIPT OF FUNDS (1) In order for any county or other local entity to receive federal maternal and child health (MCH) block grant funding from the department, that entity must contractually agree to the following:
- (a) MCH block grant funds will be used solely for providing health services to mothers and children.
- (b) No MCH block grant funds will be used to supplant local funds that would be otherwise available.
- (c) MCH block grant funds will be used solely for the core maternal and child health services listed in (2) below, unless the contractor has proved to the department prior to entering into the contract that all core services have already been provided for or, through a formal needs assessment process meeting the requirements of (3) below, that the contractor has shown there is no need for the particular core service not being provided. If there is such an exception made to provision of all of the core services, the exception must be specifically set out in the contract.
- (d) For every \$4 of MCH block grant funding it spends, it must expend \$3.00 from other non-federal funding sources to provide the services required of it by the contract.
- (e) If the contractor has a medicaid billing mechanism in place, it will bill medicaid for services provided under the contract that qualify for medicaid reimbursement; and if a medicaid billing mechanism is not in place, the contractor will work with department staff to establish such a mechanism or to determine the feasibility of medicaid billing by the contractor, and will utilize the mechanism once it is established.
- (f) No more than 10% of the funds available under the contract may be used for administration of the contract, i.e., for services that do not directly contribute to the delivery of direct services to clients; examples of administrative costs are those for bookkeeping, legal aid, and supervision by persons who are not health professionals.
- (g) If the contractor conducted maternal and child health programs during the state fiscal year prior to that in which the contract is to be performed, the contractor must maintain during the term of the contract at least the same level of effort as it provided for those programs during prior fiscal year.

- (h) Any grant-related income (for example, income from fees charged or donations) accruing to the contractor from activities funded, in whole or in part, under the contract will be used only to pay for the allowable costs of providing the services described in the contract, during the term of the contract or within one year thereafter. Careful documentation
- of the use of grant-related income must be maintained.
- (2) Core maternal and child health services are the following, when provided to pregnant women, non-pregnant women of childbearing age, infants younger than one year of age, children and adolescents 18 years of age or younger, or children with special health care needs:
- (a) population based individual services, such as immunizations, public health education, and screening for health problems;
- (b) enabling and non-health support services, such as outreach and referral, that ensure that persons are informed about and referred to other services and programs which they need or for which they may be eligible;
- (c) direct health services, including but not limited to public health nursing, home visiting, school health services, nutrition services, health care coordination, preventive and primary care, and other specific health services meeting the specific requirements or needs of the above target groups; and
- (d) addressing public health infrastructure needs, including but not limited to assessment of local health problems, health program development, augmentation of service capacity, evaluation and management, and quality assurance.
- (3) In order to use MCH block grant funds for services other than the core services listed in (2) above, a contractor must use a formal needs assessment process that includes developing a broad-based and local working group composed of representatives of health professionals, educators, consumers, social services providers, business leaders, and others interested in the health needs of the groups named in (2) above, and with that group, analyzing available statistics and utilizing consensus decision-making to determine the extent to which the objectives are met that are contained in Healthy People 2000 National Health Promotion and Disease Prevention Objectives, published by the U.S. department of health and human services.

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- (4) In distributing MCH block grant funds, the department will give priority to the counties, regions, and communities with the least resources, the largest proportion of underserved families, and the most serious maternal and child health problems, and will determine who should have priority by utilizing objective health indicators, including, at a minimum, the following:
 - (a) the number of children in poverty;
 - (b) the number of women of childbearing age; and
 - (c) the number of children and adolescents age 18 and under.
- (5) The calculations required by (4) above must be based on 1990 census data, updated by projections made by the census and economic information center of the state department of commerce.
- (6) The department hereby adopts and incorporates by reference Healthy People 2000 National Health Promotion and Disease Prevention Objectives (DPHHS Publication No. 91-50213), published by the U.S. department of health and human services, September, 1990, and which contains a national strategy for significantly improving the nation's health through the 1990s, and addresses prevention of major chronic illness, injuries, and infectious diseases. A copy of Healthy People 2000 may be obtained from the department's Family Health Bureau, Cogswell Building, P.O. Box 202951, Helena, MT 59620-2951 (phone: 406-444-4743). (History: Sec. 50-1-202, MCA; IMP, Sec. 50-1-202, MCA; Ch. 593, L. 1995; NEW, 1996 MAR p. 2184, Eff. 8/9/96; TRANS, from DHES, 2001 MAR p. 398.)